

Attorney Docket No.: 020017-000430US

PTO/GB/01A (03-04)

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	METHOD FOR TRANSCUTANEOUS INFUSION OF CARBON DIOXIDE FOR LOCAL RELIEF OF PAIN AND OTHER AILMENTS
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As the below named inventor(s), I/we declare that:

This declaration is directed to:

☐ The attached application, or

☒ Application No. 10/666,562, filed on September 17, 2003

☐ as amended on _____ (if applicable);

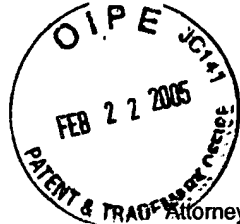
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)	
Inventor one: <u>NED S. RASOR</u>	Date: <u>Jan. 11, 2005</u>
Signature: <u>Ned S. Rasor</u>	Citizen of: <u>United States</u>
Inventor two: <u>JULIA S. RASOR</u>	Date: _____
Signature: _____	Citizen of: <u>United States</u>
Inventor three: _____	Date: _____
Signature: _____	Citizen of: _____
Inventor four: _____	Date: _____
Signature: _____	Citizen of: _____
<input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	



Attorney Docket No.: 020017-000430US

PTO/SB/01A (09-04)

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)****Title of
Invention****METHOD FOR TRANSCUTANEOUS INFUSION OF CARBON DIOXIDE
FOR LOCAL RELIEF OF PAIN AND OTHER AILMENTS**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☒ Application No. 10/666,562, filed on September 17, 2003,
- ☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

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FULL NAME OF INVENTOR(S)Inventor one: **NED S. RASOR**

Date: _____

Signature: _____

Citizen of: United StatesInventor two: **JULIA S. RASOR**Date: 1-10-05Signature: Citizen of: United States

Inventor three: _____

Date: _____

Signature: _____

Citizen of: _____

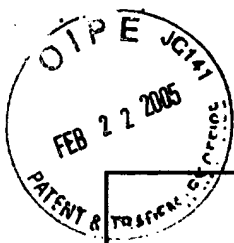
Inventor four: _____

Date: _____

Signature: _____

Citizen of: _____

☐ Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.



PTO/SB/81 (11-04)

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/666,562
Filing Date	09/17/2003
First Named Inventor	NED S. RASOR
Title	Method for transcutaneous infusion of carbon dioxide for local relief . . .
Art Unit	3763
Examiner Name	Unassigned
Attorney Docket Number	020017-000430US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR


<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2-2-05
Name	Mark Platshon	Telephone	650-210-3898
Title and Company	President and CEO / CAPNIA Incorporated		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.



PTO/SB/98 (08-03)

Attorney Docket No. 020017-000430US

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: NED S. RASORApplication No./Patent No.: 10/666,562 Filed/Issue Date: 09/17/2003Entitled: Method for transcutaneous infusion of carbon dioxide for local relief of pain and other ailmentsCAPNIA Incorporated, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is ____%

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel __, Frame __, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel __, Frame __, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel __, Frame __, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel __, Frame __, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

2-2-05

Date

650.210.3898

Telephone number

Mark Platshon

Typed or printed name

Signature

President and CEO

Title